

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/673951** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	1											
2							52	1											
3							53												
4							54												
5							55												
6							56												
7							57												
8							58												
9							59												
10							60												
11							61												
12							62												
13							63												
14							64												
15							65												
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17							67												
18							68												
19							69												
20							70												
21							71												
22							72												
23							73												
24	1						74												
25	1						75												
26							76												
27							77												
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31							81												
32							82												
33							83												
34							84												
35							85												
36							86												
37							87												
38							88												
39							89												
40	1						90												
41							91												
42							92												
43							93												
44							94												
45							95												
46	1						96												
47	1						97												
48	1						98												
49	1						99												
50	1						100												
TOTAL IND.	10						TOTAL IND.												
TOTAL DEP.	43						TOTAL DEP.												
TOTAL CLAIMS	53						TOTAL CL.												